

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 17, 2014

Ms. Jennifer Bibeault, Administrator
Brookwood
2 School Street
North Springfield, VT 05150

Provider #0115

Dear Ms. Bibeault:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite complaint investigation conducted on February 3, 2014 and completed on **February 4, 2014**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

PRINTED: 02/13/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/04/2014
NAME OF PROVIDER OR SUPPLIER BROOKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was started by the Division of Licensing and Protection on 2/3/14 and completed on 2/4/14. There were regulatory findings.	R100		
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT Is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. Review of employee files of unlicensed staff that are designated to administer medications presented with no documentation regarding training provided or understanding of training. During an interview with care givers on 2/3/14 at 1:00PM and 2:00PM the caregivers stated that s/he was taught the correct way for medication administration by the RN, but the actual demonstration of how to give the medications was provided by another care giver. 4:00PM interview with evening caregiver presented that s/he had been working at Brookwood for 4 to 6 weeks and was trained by the RN, but was observed by another unlicensed caregiver. 4:15PM the RN confirmed that she does the initial	R161	<p>RN Will train all caregivers administering medications in policy + procedure will demonstrate how to give meds Will observe trained 1st med pass Will observe med pass prior to orientation completion will give written test to trainee before able to pass med independently needs to pass at 100% above to give meds. Will have trainee sign off that they received med training understand med policy + procedure that they have been observed by RN and Test and passed med test. This will be Standard med training for new employees. so this will prevent this from occurring again</p>	2/24/14

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0000

0FB011

If continuation sheet 1 of 7

R161, R165, R179, R181, R200, + R206 POC's accepted 3/6/14 BBortell RN/PMC

PMC

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKWOOD

**2 SCHOOL STREET
NORTH SPRINGFIELD, VT 05150**

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STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKWOOD

2 SCHOOL STREET

NORTH SPRINGFIELD, VT 05150

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R161	Continued From page 1 teaching of the correct way for medication administration, but does not watch a return demonstration or maintain documentation of the teaching or understanding of the teaching for the staff.	R161		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the Registered Nurse (RN) failed to accept responsibility for the proper administration of medications, teaching designated staff proper techniques for medication administration and	R165	The RN will review all orders at time of admission and continually as they change. Any parameters of administration will be instructed to staff. All staff that administer medication is trained to vBp + pulse. will instruct staff of any changes in writing + verbally which they sign that they understand medication instructions of parameters. As an additional safety RN check all Mar + Orders monthly with new med sheets.	2/6/14

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R165	Continued From page 2 monitoring or evaluating the staff performance in carrying out the nurse's instruction. During record review of Resident #1, there is a physician order to administer Digoxin 0.125mg (milligrams) po (by mouth) daily with parameters to hold if the resident's pulse is below 60. There are no recorded pulses in the MAR and this was confirmed on 2/4/14 at 12:55PM with the caregiver on duty and the RN. Per interview with the RN s/he stated that the resident has a pulse that is always below 50 beats per minute and she has instructed the staff to administer the Digoxin daily. Nurse progress notes present monthly notes written by the RN and on 11/12/13 the resident pulse was 62; 12/31/13 the pulse was 52 and 1/30/14 the pulse was 71. Digoxin had been administered on 12/31/13. This was confirmed by the RN during interview.	R165			
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;	R179	Upon hire 1 st day of training New Employee will complete Residents rights, infection control, abuse neglect exploitation services, Fire Safety - emergency evac Emergency response procedures will be complete during orientation period. Respectful interactions and general supervision + care will also be completed during orientation period.		3/1/14

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R179	<p>Continued From page 3</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that all of the staff reviewed demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. Findings include:</p> <p>Review of employee files showed that 2 of 5 employees were without documented Abuse/Neglect/Exploitation training. Review of employee files presented that 1 of 5 were without training in First Aid. There was no documentation of medication administration training in any of the designated employees that give medications. Per interview with the RN, at 3:20PM on 2/3/14, s/he stated that the new hires watch videos and they are given the guidelines for reporting abuse. S/he confirmed that there is no documentation present regarding complete and adequate training of employees as stated above.</p>	R179	<p>-cont-</p> <p>Employees will also attend the monthly inservices required. which includes the above mentioned inservices and other pertinent.</p> <p>The managers assistant keeps track of completed inservices. once orientation completed RN/manager will confirm all have been done and employee will not start independent work until completed.</p> <p>Any current employee not up to date will complete inservices by 3/10/14 or will not be able to work until completed.</p> <p>manager assistant keeps track of completed inservices RN/manager will evaluate prior to and on 3/10/14 for compliance.</p>	
R181 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p>	R181		

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R181	<p>Continued From page 4</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 4 of 5 employees reviewed had the required background checks completed prior to or at the time of employment. Findings include:</p> <p>Review of employee files presented that 4 of the 5 records reviewed did not have Child Abuse Checks completed. Review of employee files presented that 4 of 5 records reviewed did not have background checks completed until after they had begun work at the facility.</p> <p>This was confirmed by the RN, owner/manager of Brookwood on 2/3/14 at 2:30PM. S/he stated that until the Child Abuse checks became available on the computer, they were not done. S/he also confirmed that background checks were not conducted until after they were hired</p>	R181	<p>Prior to 1st day on floor for orientation abuse + criminal background check will be done and results obtained.</p> <p>manager/RN will inform potential employees that they are not able to start work until these are processed.</p> <p>When checking abuse will v adult and child manager will have potential employee fill out abuse + criminal forms during interview. Process if strong candidate for position. Once offered position/accepted will process paperwork prior to start date. If not hired or decline position will shred paperwork + confirm with individual.</p> <p>This above process/standard/policy should prevent this from occurring again.</p>	2/5/14

Division of Licensing and Protection

STATE FORM

6899

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If continuation sheet 5 of 7

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R181	Continued From page 5 and employment began.	R181		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to have written policies and procedures that govern all services provided by the home. On 2/3/14 at 11:50AM, upon request and review of the facility's policy/procedure regarding Abuse/Neglect/Exploitation, the facility presented with a form that the RN stated was used for their policy. The form is a guideline for reporting of Abuse and Neglect. The RN confirmed that the facility does not have a policy for Abuse/Neglect/Exploitation. Missing information from the guidelines for reporting form is screening of employees prior to start of work, training, prevention, identification, investigation, protection and reporting. Confirmation was made with the RN that there is not a policy in effect for the facility.	R200	<i>RN/manager is making a policy with all of the required guide lines. will give a copy to all current and New employees will verbally review and have them sign that they fully understand Policy.</i>	3/1/14
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation	R206	<i>RN/manager will report any suspicious loss of monies or property to APS within 48 hours RN manager will conduct internal investigation</i>	3/1/14 2/6/14

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R206	<p>Continued From page 6</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, the facility failed to report suspicion of misappropriation of resident money on 2 separate occasions.</p> <p>On 2/3/14 at 11:50AM per interview with RN, manager/owner, s/he stated that there were concerns involving two residents that had money missing. S/he stated that the first instance involved money brought in by the family on evenings and left on her/his desk in an office, in an envelope. The next morning the money was gone.</p> <p>The second instance was when a resident received money for their birthday and did not tell anyone about it. When their family came to take them shopping the money was gone and reported as missing.</p> <p>The RN stated that the police were not notified and a report was not made to the State Agency, as s/he replaced the monies and the residents were satisfied with the outcome.</p>	R206	<p><i>await investigation from APS. + Notify local authorities.</i></p> <p><i>this also applies to any other type of abuse Neglect or exploitation.</i></p> <p><i>RN/manager will educate staff with policy and inservice about mandated reporting.</i></p> <p><i>RN/manager is now aware of need to report even though money was replaced and residents were satisfied. and suspected (not confirmed) person no longer employed. This will not occur again now that RN/manager aware of above. And staff also aware of reportable situations. If any situation occurs that is questionable if should be reported RN/manager will call APS for guidance.</i></p>	